



**AFFIDAVIT FOR QUALIFICATION FOR LOW INCOME SENIOR or  
DISABLED CITIZENS REDUCED UTILITY RATE  
(SEC 16.12.025 KIRKLAND MUNICIPAL CODE) ORD NO. 3248**

STATE OF WASHINGTON                    )  
  ) ss.  
COUNTY OF KING                    )

\_\_\_\_\_, being first duly sworn on oath desposes and says:  
(Name of person making application - **PLEASE PRINT**)

I hereby apply for the Low Income Senior Citizens or Disabled Reduced Utility Billing Rate as authorized by the Kirkland Municipal Code.

1. I reside in a single-family dwelling, located at:  
\_\_\_\_\_  
(street address)
2. ***Note:*** *Customer or spouse must be 62 years of age or older or disabled.*
  - a. My age at the time of making this affidavit is \_\_\_\_\_.
  - b. I am married to \_\_\_\_\_.  
(Full name of spouse)  
Age of spouse if applicant is not 62 \_\_\_\_\_.
3. Income received from all sources on a monthly average basis does not exceed:
  - a. ***Single*** person - ***\$2,566.67*** gross monthly income
  - b. ***Married*** couple - ***\$2,933.33*** gross monthly income
4. ***I have attached to this affidavit documents which verify the income level.***

DATED at Kirkland, Washington, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
**Applicant's Signature**

SUBSCRIBED AND SWORN to me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
**Notary's Signature**

\_\_\_\_\_  
**Print Notary's Name**

Notary Public in and for the State of Washington,

Residing at \_\_\_\_\_

My commission expires: \_\_\_\_\_